



TEAM
ANAESTHESIA

The
RCOA
and
The
AOA
in :

An Alliance
Against Bullying,
Undermining and
Harassment in
the NHS

BULLYING

Disruptive behaviour and
bullying



A Case
Defining behaviour
How to address it
Resources and The Alliance

Talk Overview

A case

Talk to each other!

•On Tuesday afternoon at 1630 the clinical lead of your department approaches you and mentions a tricky case in theatre 3 yesterday afternoon

•30mins after skin incision of the first case, a patient undergoing bowel surgery developed severe hypotension and surgery could not proceed.

Dr M stabilised the patient and transferred him to ITU. The patient has been discharged to a ward today

In the coffee room you also hear from theatre staff that MrX shouted at DrM during the case & had said 'Get me a proper Anaesthetist!'

The theatre staff are worried about formally reporting this behaviour

•You walk into the anaesthetic office and find DrM in tears

How are you going to handle the situation?

What other resources [people, information] might be useful?

Defining Bullying

Unwanted conduct related to a protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.

DROP HERE

Behaviour that subverts, weakens or wears away confidence.

DROP HERE

Behaviour that hurts or frightens someone who is less powerful, often forcing them to do something they do not want to do.

DROP HERE

TERMS

UNDERMINING

HARASSMENT

BULLYING

Submit

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Behaviour that hurts or frightens someone who is less powerful, often forcing them to do something they do not want to do.	BULLYING

TYPES OF BULLYING

having opinions and views ignored	
an unmanageable workload / impossible targets or deadlines	being ignored or facing a hostile reaction
being shouted at or being the target of spontaneous anger	being humiliated or ridiculed
being ordered to do work below your level of competence	someone withholding information that affects performance
being given unreasonable or impossible targets or deadlines	having key areas of responsibility removed

A Prevalent Problem

19%

NHS STAFF WHO HAVE EXPERIENCED BULLYING IN THE LAST 12 MONTHS IN 2018 NHS STAFF SURVEY. UP 1.1% FROM 2017

A Prevalent Problem

6%

DOCTORS IN TRAINING THAT REPORT BULLYING (N = 2972)
ONLY 188 WERE WILLING TO GIVE ANY DETAILS.
GMC NATIONAL TRAINING SURVEY 2018



Anaesthesia?

Why is bullying bad?

- avoidable stress and resulting illness
 - increase in sickness absence leading to stretched teams
 - increased spend on temporary staff
 - poor morale and difficult staff relations
 - loss of respect for managers and leaders
 - difficulties in staff retention
 - reputational damage
 - patients suffering harm or receiving less than optimal care
- "MOST IMPORTANT CONSEQUENCE IS THE FACT THAT WORKERS WHO ARE BULLIED, OR WHO SEE OTHERS BULLIED, ARE MUCH LESS LIKELY TO RAISE THE SAFETY CONCERNS WHICH ANY WELL-LED ORGANISATION NEEDS TO KNOW ABOUT AND ACT ON"

What can we do?



Address it



Talk about it



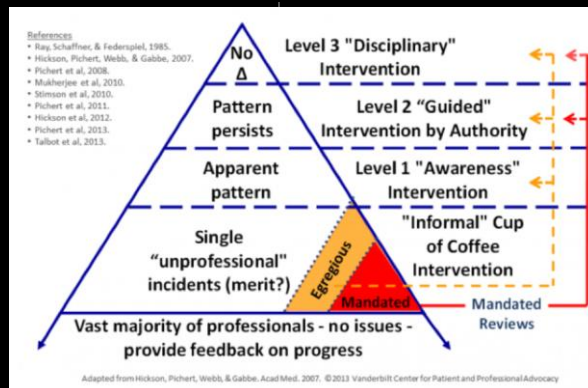
Change your own
behaviour

ADDRESSING BULLYING

Calm and non-confrontational approaches work best

Begin by questioning the behaviour and escalate where necessary,

Use words that provoke a reaction (such as 'I am uncomfortable' or 'I am concerned')



INCIVILITY THE FACTS

WHAT HAPPENS WHEN SOMEONE IS RUDE?

80% of recipients less time worrying about the rudeness

38% reduce the quality of their work

48% reduce their time at work

25% take it out on service users

Less effective clinicians provide poorer care

WITNESSES

20% decrease in performance

50% decrease in willingness to help others

SERVICE USERS

75% less enthusiasm for the organisation

**Incivility affects more than just the recipient
IT AFFECTS EVERYONE**

CIVILITY SAVES LIVES

The price of incivility, Perath C, Pearson C. *Hum Bus Rev*. 2013 Jan-Feb;9(1):51-54-55, 146.

Anti-Bullying and Indetermining Consensus

Page 23 | Bulletin 76 | November 2011

Bullying in the workplace – a personal experience

The Royal College of Surgeons of Edinburgh

#KnockItOut

Anonymous

Why am I writing about bullying?

I am now a well-established consultant in a happy, well-functioning department. It was not ever thus. For much of my first two years, I considered leaving not just my beloved speciality of anaesthesia, but medicine entirely. The reason was not my colleagues; they are now and were then helpful, supportive of my new position. It was not a malfunctioning department; indeed compared to many I passed through, it appeared a shining light. No, it was the actions of a single man, who for some reason I (and my colleagues) could (or would) not stand up to.

The 'perpetrator' was a well-known bully, who also happened to be an exceptional and experienced clinician. This is crucial, when the situation was finally addressed, I wanted to be sure an effective clinician was not stopped working. I merely wanted to continue on my career path without facing abuse. I now know this is a very common view.

Looking back, I recall what I believe was the first episode in the saga. I had been on the ward performing preoperative assessments, when I met the clinician involved. I held out my hand, introduced myself, saying 'I held



TALK ABOUT IT

Individual level
Institutional level
National level



Reflecting on your own Behavior

WHAT DID YOU DO WHEN YOU SAW DISRUPTIVE BEHAVIOUR?

Are you proud of YOUR actions?

DR M

What is the right thing to do?

JAMIE STRACHAN

Royal College of Anaesthetists

ROBERT SELF

Association of Anaesthetists

AN ALLIANCE AGAINST
BULLYING,
UNDERMINING AND
HARASSMENT IN THE
NHS

The Alliance